



# 東 北 大 学

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## CERTIFICATE OF HEALTH

Applicant's name: .....			
(Family)	(Given)	(Middle)	
Date of birth: .....			Sex: Male Female
(Month)	(Day)	(Year)	

Height: ( ) cm
Weight: ( ) kg
Sight: Uncorrected: Right ( ) Left ( )
Corrected: Right ( ) Left ( )
Hearing: Right ( ) Left ( )
Urinalysis: Albumin ( ) Sugar ( ) Occult Blood ( )
Respiratory Organs: Chest X-ray: Please comment on condition of applicant's lungs, giving date of examination.
Circulatory Organs: Blood Pressure: Systolic ( ) Diastolic ( ) P.R. ( ) p.m.
Nervous System: Please give a detailed description of any disease, including chronic ailments or physical disabilities, found.
Please give the applicant's medical history.
Is the general state of the applicant's health good enough for him/her to pursue the course of study contemplated in Japan? Excellent      With prudence, probably no serious problem Adequate      Doubtful

Signature: .....	Position: .....
(Name in block)	Date: .....